

Official Record

Recording requested By
JAMES M. COPENHAVER

Eureka County - NV

Mike Rebaleati - Recorder

Fee: \$16.00

Page 1 of 3

RPTT:

Recorded By: FES

Book- 0485 Page- 0016



0213037

APN: 001-102-04

Send tax statements to:RONALD A. CARRION FAMILY TRUST
P.O. Box 159
Eureka, NV 89316When recorded return to:James M. Copenhaver, PC
950 Idaho Street
Elko, NV 89801AFFIDAVIT OF DEATH TERMINATING JOINT TENANCYSTATE OF NEVADA)
) ss.
COUNTY OF ELKO)

I, **CHESTER L. HULL**, do hereby swear (or affirm) under penalty of perjury that the following assertions of this Affidavit are true.

1. I am the surviving spouse of **MIRIAM HULL**.

2. My decease spouse, **MIRIAM HULL** and I acquired title to the following described property located in the County of Eureka, State of Nevada, by that certain Grant, Bargain and Sale Deed dated September 16, 1996, and recorded on the 24th day of September, 1996, at Book 301, Pages 056-058 as File No. 164626, official records Eureka County Recorder, Eureka County, State of Nevada. Said real property being more specifically described as follows:

Lots 5 and 6, Block 22, of the TOWN OF EUREKA, County of Eureka, State of Nevada, as the same appear on the official map on file in the office of the County Recorder, Eureka County, Nevada.

TOGETHER WITH all buildings and improvements thereon.

3. **MIRIAM HULL**, being one of the persons described in the Grant, Bargain and Sale Deed, referenced above, as a grantee and joint tenant died in the City of Elko, County of Elko, State of Nevada on the 19th day of February, 2001. A certified copy of the

death certificate of **MIRIAM HULL** is attached to this Affidavit and made a part thereof.

4. I am making this Affidavit for recording and for the purpose of showing that all right, title interest or estate of **MIRIAM HULL** in the above described real property has terminated by virtue of her death and that title to the real property is now vested solely in the surviving joint tenant, **CHESTER L. HULL**.

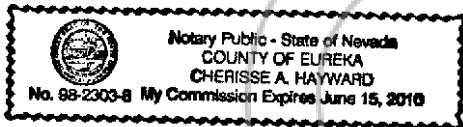
DATED this 17 day of July, 2008.

Chester L. Hull
CHESTER L. HULL

State of NEVADA
County of EUREKA

This instrument was acknowledged before me on the 17th day of July, 2008, by **CHESTER L. HULL**.

Cherisse A. Hayward
NOTARY PUBLIC



STATE OF NEVADA

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH VITAL STATISTICS

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES DIVISION OF HEALTH — SECTION OF VITAL STATISTICS CERTIFICATE OF DEATH

28,353 (029)

20010002258

LOCAL FILE NUMBER		STATE FILE NUMBER	
DECEASED—NAME First Middle Last		DATE OF DEATH (Month, Day, Year)	
1. Miriam Margaret HULL		2 February 18, 2001	
CITY, TOWN OR LOCATION OF DEATH		COUNTY OF DEATH	
3b. Elko		3a. Elko	
HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number)		SEX	
3c. Elko General Hospital		4. Female	
RACE—(e.g., White, Black, American Indian, etc.) (Specify)		If Hosp. or Inst. Indicate DOA, OP/Emer, Rm. Inpatient (Specify)	
5. white		3e. OP/Emer.Rm.	
Was Decedent of Hispanic Origin? Specify <input type="checkbox"/> yes <input type="checkbox"/> no If yes, specify Mexican, Cuban, Puerto Rican, etc.		DATE OF BIRTH (Mo., Day, Yr.)	
6. No		8. August 8, 1934	
AGE—Last Birthday (Years)		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
7a. 66		11. Married	
CITIZEN OF WHAT COUNTRY		SURVIVING SPOUSE (If wife, give maiden name)	
9b. USA		12. Chester Hull	
Decedent's Education. Specify highest grade completed.		KIND OF BUSINESS OR INDUSTRY	
10. 12		14b. Own Home	
STATE OF BIRTH (If not U.S.A., name country)		USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life, Even if Retired)	
9a. Wyoming		14a. Homemaker	
SOCIAL SECURITY NUMBER		KIND OF BUSINESS OR INDUSTRY	
13. [REDACTED]		14b. Own Home	
RESIDENCE—STATE		CITY, TOWN, OR LOCATION	
15a. Nevada		15c. Eureka	
COUNTY		STREET AND NUMBER	
15b. Eureka		15d. 310 El Centro	
FATHER—NAME First Middle Last		INSIDE CITY LIMITS (Specify Yes or No)	
16. [REDACTED]		15e. Yes	
MOTHER—MAIDEN NAME First Middle Last		INFORMANT—NAME (Type or Print)	
17. [REDACTED]		18a. Chester Hull (Husband)	
MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip)		18b. P.O. Box 827 Eureka, NV 89316	
BURIAL, CREMATION, REMOVAL, OTHER (Specify)		CEMETERY OR CREMATORY—NAME	
19a. Burial		19b. Cedar Hill Cemetery	
LOCATION City or Town State		19c. Eureka Nevada	
FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such)		NAME AND ADDRESS OF FACILITY	
20a. [Signature]		20c. Burns Funeral Home, Inc. P.O. Box 689 Elko, NV 89803	
FUNERAL DIRECTOR LICENSE NUMBER		20b. 7	
21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated.		22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated.	
(Signature and Title)		(Signature and Title)	
DATE SIGNED (Mo., Day, Yr.)		DATE SIGNED (Mo., Day, Yr.)	
21b. 2/28/01		22b. [REDACTED]	
HOUR OF DEATH		HOUR OF DEATH	
21c. 1319		22c. [REDACTED]	
NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		PRONOUNCED DEAD (Mo., Day, Yr.)	
21d. [REDACTED]		22d. ON	
NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER). (Type or Print)		PRONOUNCED DEAD (Hour)	
23a. Burce Campbell, MD 1297 College Ave. Elko, NV 89801		22e. AT	
LICENSE NUMBER		23b. 4096	
REGISTRAR		DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.)	
24a. [Signature]		24b. 02-28-01	
DEATH DUE TO COMMUNICABLE DISEASE		24c. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)		Interval between onset and death	
PART I (a) Aut GI Bleed		Interval between onset and death	
(b) 1st Cardiorespiratory Arrest		Interval between onset and death	
(c)		Interval between onset and death	
PART II OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.		AUTOPSY (Specify Yes or No)	
25. No		27. No	
WAS CASE REFERRED TO CORONER (Specify Yes or No)		27. No	
ACC., SUICIDE, HOM., UNDET., OR PENDING INVEST. (Specify)		DATE OF INJURY (Mo., Day, Yr.)	
28a. [REDACTED]		28b. [REDACTED]	
HOUR OF INJURY		28c. M	
28d. [REDACTED]		DESCRIBE HOW INJURY OCCURRED	
INJURY AT WORK (Specify Yes or No)		PLACE OF INJURY—At home, farm, street, factory, office building, etc. (Specify)	
28e. [REDACTED]		28f. [REDACTED]	
LOCATION.		STREET OR R.F.D. No.	
28g. [REDACTED]		CITY OR TOWN	
[REDACTED]		STATE	

No.177261

248032

CERTIFICATE OF VITAL RECORDS

This is a true and exact reproduction of the document officially registered and placed on file in the office of the State Registrar and Vital Records.

DATE ISSUED:

DEC 2 2000

This copy is not valid unless prepared on a

PERC-1 (Rev. 11/99)

[Signature] STATE REGISTRAR

Book 485 01/12/2009

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE